

5. COMMUNITY HEALTH ASSESSMENT PROGRAM: THE WICHITA/SEDGWICK COUNTY DEPARTMENT OF COMMUNITY HEALTH

Background

Sometimes two plus one equals more than three. Such was the case when the historic partnership between the two regents institutions in Wichita joined with the Wichita-Sedgwick County Department of Community Health to assess health needs and develop a health plan for our community. The [University of Kansas School of Medicine-Wichita](#), the [Wichita State University College of Health Professions](#), and the [Health Department](#), working together with community leaders, carried out this project.

The need for such an assessment surfaced at the end of a health summit convened by the Health Department in the fall of 1994. The summit brought together hospitals and key players in the health community, city and county elected officials, business leaders, the Medical Society, and other stakeholders. The summit called for a community-wide assessment of health needs to be followed by the development of a community health plan.

A report from the Institute of Medicine, titled the Future of Public Health, criticized the country's entire public health system from its lack of assessment activity. We set out to remedy that situation in Kansas, particularly in Sedgwick County. The Kansas Legislature and the [Kansas Department of Health and Environment \(KDHE\)](#) each noted the lack of quality information regarding state and local health needs. Therefore, KDHE, working with local health departments, including Wichita-Sedgwick County, developed the Community Health Assessment Process (CHAP) for Kansas.

Through a combination of random telephone surveys, focus groups and other means, a data gathering process created a comprehensive high quality database of health-related information. Updates and expansions of the database are expected to continue and result in a health plan for Wichita and Sedgwick County.

Introduction

From the beginning of humankind to the dawn of the 20th century, most health was public health. Community interventions, such as quarantine, were the only ways to protect the individuals from communicable diseases. In 19th century London, Dr. John Snow removed the handle of the Broad Street pump that he believed was supplying cholera-contaminated water. His act is the classic example of how intervention in the community can stop a deadly disease.

With the discovery that diseases were caused by “germs” rather than “evil spirits,” and the later advent of antibiotics, the pendulum began to swing away from public health toward illness care, drug treatment, and technology. A health care infrastructure was built. Health insurance evolved from catastrophic coverage (hospitalization) to primary care and pharmacy coverage. Specialists and high tech procedures supplanted the healing arts.

As we close the 20th century, the cost of illness care is escalating and eating up an increasing percentage of the gross national product (GNP). The United States spends a greater percentage of its GNP on health care than any other developed nation, but we do not enjoy the best health.

Recognizing that change is necessary, new solutions must be found. Today, we know behaviors affect health. The major contributors to illness are tobacco, poor diet, and lack of exercise. It is time to look beyond technology and the illness care system to populations where bad behaviors are most concentrated and attack the root cause. Assuming an adequate genetic makeup, personal responsibility is the true key to good health.

There is now a major shift in this country toward the realization that we must take care of ourselves. As our eating habits diminish healthier nutrition, and computer-centered jobs diminish daily work-related activity, we realize that intervention is necessary. Fast food is easily available, but too high in fats and sugar. So, intentional efforts must be made to eat fruits, vegetables, and grains. Since our daily work no longer provides adequate calorie-burning activity, we must burn those calories through planned activity or exercise.

To change the health of the community, we must go back to the root cause of illness, which is individual behavior. So, who should we be talking to? The aging “baby boomers” are swelling the ranks of our elderly while lower birth rates are shrinking our younger population. The number of children under five will actually decline between 1990 and 2000, yet those over 85 will increase. Racial demographics are shifting as the proportion of whites in the population declines and the proportion of Hispanic, African-Americans, Asians, and Pacific Islanders increase.

The old illness model of health care will probably shrivel and fade along with the 20th century. Social determinates and public health interventions, brought to us by partnerships among concerned entities, are the wave of the future. Working together we can create a culture that actively promotes responsible behavior and the adoption of lifestyles conducive to good health. This is “prevention” in the broadest sense and necessary if we are to remain a humane and caring society. And we cannot afford to waste our human resources if we are to remain a vital society.

We are pleased to bring this assessment of our health status to the attention of the community and we look forward to lasting partnerships designed to make assessment an ongoing tool in the improvement of our public health.

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